Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000° or <u>Fax</u>

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where

appropriate. All further con indicated unless corrected maintenance fee notification	below or directed otherwise	Patent, advance ord in Block 1, by (a)	ders and notification spectfying new co	of maintenance fees orrespondence address	will be mailed to the current s; and/or (b) indicating a sepa	correspondence address as rate "FEE ADDRESS" for	
	CE ADDRESS (Note: Legibly mark-up	with any corrections or	use Block 1)	Note: A certificate o	f mailing can only be used for	or domestic mailings of the	
		/		Yee(s) Transmittal, T	his certificate cannot be used to tal paper, such as an assignmente te of mailing or transmission.	for any other accompanying.	
	590 12/15/2003		LEGATOR	ij			
\$30x\V.IRGIX\V.XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X MAXIXIX MAX		I hereby certify that t	ertificate of Mailing or Trans his Fee(s) Transmittal is being	g deposited with the United	
RXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Ropes	& Gray LX	e e e	States Postal Service addressed to the Ma	with sufficient postage for first il Stop ISSUE FEE address	st class mail in an envelope above, or being facsimile	
XXXXXXXXXXX		nternation	a l'ADEME	transmitted to the US	PTO, on the date indicated bel	ow.	
٠,	Bosto	n, MA 0211	0-2624	VAUL	F DEPECTE	(Depositor's name)	
	•			You	la sepette a	(Signature)	
				<u>L</u>	3/12/04	(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR		TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/694,088 10/20/2000 Danie			Daniel Gaudet		2825.1022-003	7381	
TITLE OF INVENTION: G	LYCEROL AS A PREDICT	OR OF GLUCOSE	ETOLERANCE			•	
APPLN. TYPE	SMALL ENTITY	ISSUE FE	PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1330	\$0		\$1330	03/15/2004	
EXAMINER .		ART UN	T CL	ASS-SUBCLASS] `		
NOLAN, PATRICK J		1644		435-006000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single							
Change of correspond Address form PTO/SB/1	ence address (or Change of C 22) attached.	Correspondence	firm (having as a	member a registered	attorney or 2		
☐ "Fee Address" indicati PTO/SB/47; Rev 03-02 Number is required.	ion (or "Fee Address" Indicat or more recent) attached. Use	on form of a Customer agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3					
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT (print o	or type)			
PLEASE NOTE: Unless been previously submitte (A) NAME OF ASSIGN	ed to the USPTO or is being a	submitted under sep	arate cover. Complet	patent. Inclusion of a ion of this form is NO Y and STATE OR CO	assignee data is only appropria T a substitute for filing an assi DUNTRY)	ite when an assignment has gnment.	
Whitehead Institute for Biomedical Research Cambridge, MA							
Complexe Hospitalier de la Sagamie				Quebec, CANADA			
Please check the appropriate	assignee category or catego	ries (will not be pri	nted on the patent);	🗅 individual 🔏	corporation or other private gr	oup entity 🚨 government	
ta. The following fee(s) are	enclosed:	4b.	Payment of Fee(s):				
☐ A check in the amount of the fee(s) is enclosed.							
☐ Publication Fee ☐ Payment by credit card. Form PTO-2038 is attached. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 18-1945 (enclose an extra copy of this form).							
	copies		****			· · · · · · · · · · · · · · · · · · ·	
Director for Patents is reque	sted to apply the Issue Fee a	nd Publication Fee	(if any) or to re-apply	any previously paid i	issue fee to the application ide	ntified above.	
(Authorized Signature)	Trannie 41	,368 ^{Date)}	3/12/01				
other than the applicant;	d Publication Fee (if require a registered attorney or ag	ent; or the assigne	e or other party in	03/17/2004	RMEBRAH1 00000139 1819	945 09694088	
This collection of informa obtain or retain a benefit	ecords of the United States Fa ation is required by 37 CFR by the public which is to fi y is governed by 35 U.S.C. 1	1.311. The inform le (and by the US	nation is required to PTO to process) an	01 FC:1501 02 FC:8001	1330.00 DA	1.	
estimated to take 12 minutes to complete, including gathering, preparing, and submitting to completed application form to the USPTO. Time will vary depending upon the individucase. Any comments on the amount of time you require to complete this form and suggestions for reducing this burden, should be sent to the Chief Information Officer, U. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virgin 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESTED FORMS TO THIS ADDRESTED TO COMPLETED FORMS TO THIS ADDRESTED FORMS.							
SEND 10: Commissioner for Patents, Alexandra, Virginia 22313-1430.							
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.							